

Docket No

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph P. Orban

Serial No: 10/801,441

Filed:

March 16, 2004

Julian

2775 (203-3094)

Examiner: Beverly M. Flanagen

Group Art Unit: 3739

For:

ENDOSCOPIC TISSUE REMOVAL APPARATUS AND METHOD

Commissioner for Patents PO Box 1450

Alexandria, VA 22313-1450 Mail Stop: Amendment

## **CERTIFICATE OF MAILING**

Date of Deposit: April 26, 2005 I hereby certify that the following:

[x] This Certificate of Mailing

[x] Amendment (8 pages)

[X] Fee Transmittal For FY 2005 (1 page)

[x] Return Postcard

are being deposited with the United States Postal Services under 37 CFR Section 1/10 on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment.

U.S. Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, Connecticut 06856 (203) 845-4489

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/801,441 TRANSMIT Filing Date March 16,2004 For FY 2005 First Named Inventor Joseph P. Orban Examiner Name Beverly M. Flanagen Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3739 TOTAL AMOUNT OF PAYMENT \$200.00 Attorney Docket No. 2775 (203-3094) METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 21-0550 Deposit Account Name: United States Surgical For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 100 50 130 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) 10 - 20 or HP = \$50.00 \$0.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. \$0.00 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) \_ - 3 or HP = \$1.00 × \$200.00 4 \_\$200.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) Fee Paid (\$) / 50 = 0 (round up to a whole number) x \$0.00 0 \$1.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) n Other (e.g., late filing surcharge): \$0.00

SUBMITTED BY	·	1/	$\overline{\gamma}$	T Y			
Signature	)\	4	$\mathcal{L}$		abla	Registration No. (Attorney/Agent) 40,737	Telephone (203) 845-1000
Name (Print/Type)	Lisa J.	Moy	les, E	Esq.			Date VIIIOS

This collection of information is equired by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

GERTIFICATE OF MAILING

hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450, Mail Stop Amendments on

April 26, 2005.

By: <u>August A ( sektros</u> Date: <u>April 26, 2005</u>

**PATENT** 

Docket No. 2775 (203-3094)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**APPLICANT** 

ORBAN, Joseph P.

TITLE

**ENDOSCOPIC TISSUE REMOVAL APPARATUS AND** 

**METHOD** 

SERIAL NO.

10/801,441

**FILED** 

March 16, 2004

**EXAMINER** 

Beverly M. Flanagen

**ART UNIT** 

3739

## **AMENDMENT UNDER 37 CFR§1.111**

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 MailStop: Amendment

Dear Sir:

In response to the office action dated January 26, 2005, please amend

the application as follows:

A listing of the Claims begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

Also, a New FEE SHEET is included herein since the number of Independent Claims

has increased from three to four.